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February 6, 2006

John R. Hillsman, Esq.
 McGuinn, Hillsman & Palefsky
 535 Pacific
 San Francisco, CA 94133

Dear Mr. Hillsman:

On January 25 and 26, 2006, the undersigned was privileged to examine four members of the Claypool family, Dennis, Sheryl, Scott and Kristen, with regards to injuries Dennis Claypool suffered on July 20, 2004. Subsequent to my psychiatric examination, psychometric testing was performed. No records were reviewed at the time of my assessment but I do anticipate examining relevant documents over the next several weeks; if necessary, a supplemental report shall be issued.

Examination of Dennis Claypool

PAST HISTORY:

Early Years:

Mr. Claypool was born 53 years ago in Pennsylvania, the youngest of three, but was raised by his parents in Mesa, Arizona. His mother (who died in January of last year) worked as a cashier, and is described as an outgoing, likeable but rather self-centered woman who could be very hard on her husband. His father, a businessman/housing inspector, is remembered as having been "very giving, a hard worker" who quietly absorbed his wife's intermittent verbal abuse. Mr. Claypool had an excellent relationship with both and with his two siblings. He knows of no mental illness in the family, although a maternal grandparent had a history of alcoholism.

Mr. Claypool describes his childhood as happy and extraordinarily full. Typically, during adolescence he would be up at 4:30 in the morning to begin training for track; he was also active in school government, was a scout master, etc.

Schooling:

simultaneously working full-time.

A solid B student, Mr. Claypool obtained a BA in business management in 1985 while

Work History:

Mr. Claypool is in insurance and finance planning. He states that "I love my work. It gives me tremendous freedom. I don't have to punch a clock." He also manages a few rental properties

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that he owns.

Marital History:

Mr. Claypool married in 1979 and describes the marital relationship as "excellent. She's the prettiest girl in the world." Sexual adjustment was also excellent until the accident of issue; since that time, frequency has fallen perhaps 25%. He explains, "I seem to have lost desire. I have a lot of things on my mind. I had a near-death experience, you know. I still count my lucky stars that I'm still alive."

The Claypool's have three children, ages 24, 20 and 18. The oldest has "had his challenges because of certain dubious choices he's made. And he's had difficulty holding down a job for any length of time. He got a DUI then got caught driving on a suspended license. He's dropped out of school several times, though he's back in school and now seems to be much more motivated."

Other Social Factors:

Mr. Claypool has never seen military service nor has he ever been arrested.

As for recreational pursuits:

"I used to hunt but since the accident I can't. I used to play golf a lot but I can't anymore—it's kind of frustrating but it's better than being dead. I used to get real joy out of swinging a hammer, if you can believe that, doing all kinds of home and car repairs—can't do that anymore, and it's so hard for me to delegate these things. People don't perform to my standard. Before there was nothing I couldn't do—now I've got all this equipment, much have cost a couple hundred thousand, just sitting there. Now I'm just an inspector. I know what needs to be done but can't do it myself. But I still want to jump in..."

Mr. Claypool remains quite active in church activities.

Health:

Prior to the accident of issue, Mr. Claypool's health was excellent. He denies any serious accidents, illness or injuries. He has never sought out nor required the services of a psychiatrist prior to injury. He neither drinks, smokes nor utilizes recreational substances.

ACCIDENT OF ISSUE

On July 20, 2004, Mr. Claypool went scuba diving with his son, Scott, and two others plus a dive master. They had been in the water just a few minutes when the boat of another dive company, failing to see them, motored up and struck him in the head. He threw up his arm to protect himself whereupon the boat's propeller slashed his arm virtually off.

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"I see all this blood everywhere and I see two blood vessels in my arm squiring blood. I turned myself over to the Lord..." (cries)

He reports that the boat also struck the dive master and virtually severing one of his legs.

"I was conscious the whole time and knew I had to compress those arteries. I did my best until I was hauled on the boat and someone put a tourniquet on my arm. I could see that dive master's leg was in pieces and was already shades of grey. He was screaming, "Poor guy. (cries)

The two men were then transferred to a cruise ship where he heard a doctor say "this guy's gonna make, this guy won't." Some minutes later a Navy helicopter got them to the hospital. The dive master was in minutes of death, and in fact arrested on the operating table but did in fact survive. Mr. Claypool was in surgery for some hours, then had a second procedure later that week and two more later in the year; a fifth procedure is scheduled for next week.

Physical Effects:

Mr. Claypool reports that "I can't use my right arm—and I used to be right-handed. It has no strength, no flexibility. I can't turn my arm. I had to have all the doorknobs in the house replaced with levers. I am a very strong guy but with that arm there's not much of my old activities that I can do."

In addition, he continues to have muscle spasms and pain, sometimes two to three times a day. Parts of limb are numb and cold, other parts hypersensitive. "In strolling with my wife I have her hold my other arm. I'm very protective afraid somebody bumps it, I can't tell how hard it is, maybe hard enough to redamage it, so I jump away. I'm really anxious about my arm. Touchy."

His other (left) arm and hand are starting to give him problems as well due to overuse—doing the work of two arms instead of one.

Psychological Effects:

Mr. Claypool reports that:

"I'm a lot more emotional now. Things I used to take in stride I cry over. I've been a lifetime optimist but now I find I'll be sitting in the living room one evening and all of a sudden I start crying. I'm a Christian so I believe there is a purpose to what happened and should have a positive attitude—it's only an arm. Complaining isn't going to bring that arm back. But I have to confess, it kills me when I see someone or have to ask someone to do things I used to do with ease. Still I choose not to show my frustration. It doesn't do any good. I choose to have a positive attitude even if I'm torn up inside. I don't want to bring my family down. They've been

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through so much..." (cries).

Mr. Claypool reports he was once an extremely sound sleeper. Now he has both trouble falling asleep and staying asleep, and sometimes will repair to the living room couch. He continues to dream about the accident and still relives the experience in his waking hours, with such thoughts leaving him with feelings of depression. Finally, as indicated earlier, sexual frequency is somewhat diminished.

Mr. Claypool reports that his wife is also "having a lot of problems with this. She has a lot of anxiety and worries about me a lot, is a lot more cautious now. She didn't know if I was going to live or die."

MENTAL STATUS EXAMINATION: Mr. Claypool presents as a large, robust, somewhat overweight man who comprehends all questions and replies with apparent candor.

Perception: Mr. Claypool is oriented to time, place and person and is alert to his surroundings. There are no hallucinations or illusions.

Mentation: Mr. Claypool's narrative is logical and coherent. No loosening of associations, inappropriate references or delusions are present. Memory, immediate, proximate and remote is intact. There is no difficulty with arithmetical computations and he is able to derive abstract meanings from simple proverbs. He is able to recall two out of three random words given him five minutes before, and is able to spell four-letter words backwards but had difficulty with five-letter words. General fund of knowledge is appropriate to his educational background. There are no abnormal preoccupations. There are no stigmata of psychosis (functionally impaired commerce with reality) or organicity (brain damage)

Affect: Mr. Claypool has a hearty, avuncular manner, but several times during the examination burst into tears.

There is no suicidal ideation, undue anxiety, hostility

Behavior: Behavior is appropriate to affect and unremarkable. There are no abnormal movements, aberrant gait, etc., but use of his right upper extremity is manifestly impaired.

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PSYCHOMETRIC TESTING:

A Millon III was performed and scored by computer. The results provide a profile of a psychologically unsophisticated, emotionally well-defended man with personality traits of narcissistic omnipotence, and exquisitely sensitive to anything which might puncture his high sense of self-worth; accordingly, when under stress, he may have to scramble to maintain self-esteem. His principal defense mechanism is that of denial of defects or problems.

PSYCHIATRIC DIAGNOSIS:

Post-traumatic stress disorder, resolving
Major depression, well compensated
Narcissistic personality traits

FORENSIC FORMULATION:

On July 20, 2004, Dennis Claypool suffered not only a debilitating physical injury but a significant narcissistic wound, challenging his long-held "superman" image of himself. He continues to exhibit some elements of post-traumatic stress disorder and classical depression, though his personality style is such that most of his symptoms have been successfully suppressed without formal treatment. Nevertheless, in my view he is still sufficiently uncomfortable psychologically—despite his defense mechanisms--as to warrant psychotherapeutic intervention. My greatest concern is a recrudescence of symptoms if, as is entirely possible, his defense mechanisms fail.

Examination of Sheryl Claypool**PAST HISTORY:**Early Years:

Mrs. Claypool was born 49 years ago in Los Angeles and was raised there by her parents. She is an only child.

Her mother, a legal secretary, is described as generous, giving, a woman who always put others first. Her father, a dental technician for the Veterans Administration, is remembered as loving, supportive and complimentary, but a man who always needed to be the center of attention; fortunately, his wife took pains to accommodate him.

Mrs. Claypool enjoyed a good relationship with both parents and describes her childhood as being uncommonly happy. She could recall no traumatic events or problems whatever. She knows of no mental illness, alcoholism, etc., in the family.

Schooling:

school and college years.

Mrs. Claypool has a master's degree. She reports being an honor student throughout her high

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Work History:

Mrs. Claypool has been an elementary school teacher for 26 years.

Marital History:

Mrs. Claypool married her husband Dennis in 1979. She describes the marriage, including sexual adjustment, as excellent. Her husband is a stoic, salt-of-the-earth type fellow, uncommonly competent with just about any task or problem you can imagine, and always eager to help others. The Claypool's have two sons, Edwin, age 24, Scott age 20, and a daughter Kristen, age 18. The boys have been diagnosed with ADHD and have been on medications in the past; both are in college—as is Kristen; all have achieved excellent grades. All three children are in good health and have never received psychiatric care.

Health

Mrs. Claypool denies any serious accidents, illnesses or injuries, save for a severe case of cellulitis last week which put her in the hospital where she received intravenous antibiotics.

Mrs. Claypool has never received psychiatric care. She uses no recreational substances save perhaps a half-dozen alcoholic drinks during the course of a year.

Mrs. Claypool has had some emotional challenges in her life prior to the accident of issue, however. I note that she lost both her parents to cancer. Of particular interest, four years she and the family took her mother on a Caribbean cruise. Midway, as her mother was leaving the ship to do some shopping in the Bahamas, she was struck by a taxi and suffered a dislocated shoulder and broken pelvis. Despite all Mrs. Claypool could do for her mother, the woman was subjected to Third-World hospital care as Royal Caribbean “washed their hands” of the matter, claiming the accident had occurred after her mother had left the ship. For many long hours, Mrs. Claypool was in utter despair over her lack of control over the situation and inability to offer her mother any assistance, eerily presaging the crisis to.

Other Social Factors:

Mrs. Claypool is very active in her church. She enjoys travel, singing in the choir, and dancing. She was principal volunteer for the American Cancer Society, in part a response to her having lost both of her own parents to malignancy.

Mrs. Claypool has never seen military service. Mrs. Claypool has never been arrested.

ACCIDENT OF ISSUE:

In July 2004, in response to her mother's deathbed wish, she, her husband, and children Scott and Kristen traveled to Kauai to scatter the decedent's ashes. Later that day father and son went scuba diving, while mother and daughter prepared to do a bit of snorkeling around the dive boat—a motorized catamaran. They had just gotten in the water when they heard Mr. Claypool,

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several hundred feet distant, crying out for help: "It's an emergency!"

At first she didn't know who had been hurt. She remembers the boat captain making a Mayday distress call on the radio but being unable to elicit any response. She then learned that one of the men involved in the scuba dive had lost an arm and another his leg. Now back up on the catamaran she peered through a pair of binoculars and saw her son climbing up on another nearby boat, and then saw them pull her husband up on deck as well.

Over the next 90 minutes she still couldn't find out exactly what happened except that limbs had been lost. As she recalls:

"I began to pray. There was nothing else I could do. I looked at the ring my husband had given me and thought, this is it. This is the last gift he'll ever give to me. I felt so helpless. I was in utter despair."

After what seemed like an eternity, a nearby cruise ship came to collect her son and husband from the other boat while her own vessel returned to harbor. It was a long journey during which time she tried to reassure herself that her husband would be properly cared for, that "this wasn't the Bahamas."

Once on shore, her husband was rushed into surgery. When she got to the hospital she saw blood everywhere on the floor and heard that the other man had lost his leg. She wondered: "How could there be this much blood? It's been two hours since the accident."

She still didn't know how badly her husband was injured until finally the surgeon came out of the OR and told her that he thought he had been able to save her husband's arm. (Indeed, it was successfully reattached, though it retained little function.)

Mr. Claypool was hospitalized for a week, and she remembers worrying "though I'm thankful he's alive, how am I possibly arrange and finance the logistics of getting him home?"

She did, somehow, after which her husband had several more operations and many, many months of physical therapy. Nevertheless, his arm is virtually useless. She sees great sad irony in this in that her husband "was a man who did everything. He could fix anything. He never ever hired a handyman or craftsman. There wasn't any problem my husband couldn't solve. Now I think he compensates for what he lost by taking on even more than he did before. I can see how it just galls him to have to hire people to help him."

Psychological Effects:

In the months following the accident, Mrs. Claypool reports near intractable insomnia which remained resistant to the antidepressants her doctor had given her for sleep. She had morbid ruminations

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about the event and its sequelae. "The whole thing kept going over and over in my head. I couldn't stop thinking about it." Though the fundamental relationship she enjoyed with her husband remained strong, their once pleasurable sex life became something of a problem. "I was always afraid I might hurt his arm."

Though her husband seems to go out of his way to minimize his injury, she worries repeatedly about the ever-present risk of infection. "The doctors told me that an open sea wound is the worse kind you can have. There are little sea creatures that are in his arm forever. You never know when a terrible infection can flare up. And I worry about the future. He's always been so capable, always the one I and everybody else turned to. I fear what will happen when our roles are reversed. Right now it seems to me he is in denial, going out of his way to show everyone he's the same as before—sometimes to the neglect of his family."

Finally, she finds herself struggling with anger at the defendant lawyers whom she sees as trying to suggest that somehow the accident was partially Dennis' fault. They seem to her willfully dishonest and callous as well, for example requiring that their 18-year-old daughter leave college for the Islands in the midst of finals for a deposition they then elected not to take.

MENTAL STATUS EXAMINATION: Mrs. Claypool arrives somewhat late for her appointment because of an unexpected and unscheduled meeting at work, but is otherwise cooperative in every way. All questions are comprehended and answered with apparent candor.

Perception: Mrs. Claypool is oriented to time, place and person and is alert to her surroundings. There are no hallucinations or illusions.

Mentation: Mrs. Claypool's narrative is logical and coherent. No loosening of associations, inappropriate references or delusions are present. Memory, immediate, proximate and remote is intact. There is no difficulty with arithmetical computations and she is able to derive abstract meanings from simple proverbs. She is able to recall only two out of three random words given her five minutes before, but is able to spell four-letter words backwards. General fund of knowledge is appropriate to her educational background. There are no abnormal preoccupations. There are no stigmata of psychosis (functionally impaired commerce with reality) or organicity (brain damage)

Affect: Mrs. Claypool relates well, making good eye contact. There is no suicidal ideation, undue anxiety, hostility or depression manifest.

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Behavior: Behavior is appropriate to affect and unremarkable.

PSYCHOMETRIC TESTING: A Millon III was performed and scored by computer, providing the profile of a somewhat self-righteous, self-absorbed woman who may see herself as superior to others and who relies upon a certain degree of psychological unisightfulness to defend against any possible blows to self-esteem. Like her husband, she places great emphasis on her need for public equanimity and unruffled competence.

PSYCHIATRIC DIAGNOSIS: Adjustment disorder, largely resolved
Narcissistic personality traits

FORENSIC FORMULATION: Mrs. Claypool has had quite a rough time of it, first not knowing if her husband had suffered a mortal wound, then being unable to help him, and finally, after his survival had been assured, not knowing what impact his injuries would have on him and their life together. Some such concerns remain and are likely indelible, though she is now essentially free of formal psychiatric symptoms.

Examination of Scott Claypool

PAST HISTORY:

Early Years: Scott was born 20 years ago in Mesa, Arizona, the second of three children and has been raised there by his parents. He describes a good relationship with both, as well as with his two siblings.

He characterizes his childhood as quite happy, and free of any significant problems.

Schooling: Scott managed to maintain a B average in high school despite coping with ADHD and continues to maintain his grades through his first year of junior college. He hopes to go into finance someday and in fact already maintains his own small portfolio of securities.

Work History: Scott works part-time as a custodian in an elementary school.

Social History: Scott dates from time to time but there is no special woman in his life

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Other Social Factors: Scott has never seen military service nor has he ever been arrested.

Scott enjoys skiing, bowling, video games and trading stocks.

Health: Scott denies any serious accidents, illnesses or injuries save for a torn ligament in his leg two years ago while skiing. He takes Focalin for his ADHD but has never received psychotherapy. He states that because of this condition he is easily distracted and sometimes finds it hard to sit still and concentrate on his homework.

Scott utilizes no recreational substances save for a very occasional cigar.

PRESENT PROBLEM: On the day of the accident, Scott was scuba diving with his father and suddenly found himself all alone in the water. Coming to the surface, he saw his father bleeding and heard him scream. "I never heard him scream like that—help, help! I saw that his arm was almost cut off. I knew he was going to lose his arm, that he might even die."

Upon arriving at the hospital he recalls anxiously awaiting word of his father's condition and wondering what would happen to him. Not surprisingly, the entire afternoon left him badly shaken.

Effects: Scott still feels badly that he didn't do more to help his father in the water, leaving him to cope with the emergency on own. He continues to relive the accident in his waking hours, especially when he sees someone do the kinds of things his father used to do with ease but can no longer do. "Sometimes I even have to button his shirt for him."

Scott opines that he's still not there enough for his father who remains reluctant to ever ask him for help. This can have adverse consequences. For example, he could tell that his father needed assistance in one recent instance but none was requested and Scott failed to offer any; as a result, his father struggled to manage on his own, fell, and struck his head.

Scott states that he used to have nightmares regularly about the accident but are greatly diminished in frequency; the last was some weeks ago.

Scott believes that the accident has made him considerably more cautious. "I avoid extreme sports now." He's not been in the ocean since the accident "but if I ever do go again I'm going to be a lot more careful. Life is too valuable."

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MENTAL STATUS EXAMINATION: Scott presented promptly for his appointment. All questions are comprehended and answered with apparent candor.

Perception: Scott is oriented to time, place and person and is alert to his surroundings. There are no hallucinations or illusions.

Mentation: Scott's narrative is logical and coherent. No loosening of associations, inappropriate references or delusions are present. Memory, immediate, proximate and remote is intact. There is no difficulty with arithmetical computations and he is able to derive abstract meanings from simple proverbs. He is able to recall two out of three random words given him five minutes before, and is able to spell four-letter words backwards. General fund of knowledge is appropriate to his educational background. There are no abnormal preoccupations. There are no stigmata of psychosis (functionally impaired commerce with reality) or organicity (brain damage)

Affect: Scott relates well, making good eye contact. There is no suicidal ideation, undue anxiety, hostility or depression manifest. He seems reasonably calm and contented.

Behavior: Behavior is appropriate to affect and unremarkable.

PSYCHOMETRIC TESTING: A Millon III was performed and scored by computer. The results provide a profile of a psychologically un-insightful, self-absorbed individual with an above average need for approval and praise. Interpersonal relationships tend to be somewhat superficial.

PSYCHIATRIC DIAGNOSIS: Adjustment disorder, resolving Histrionic personality traits

FORENSIC FORMULATION: Scott is understandably a somewhat different person now than he was prior to July 20, 2004, but such formal psychiatric symptoms as he had have greatly diminished with time and are no longer disabling.

Examination of Kristen Claypool

PAST HISTORY:

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Early Years:

Kristen was born 18 years ago in Mesa, Arizona, the youngest of three, and was raised there by her parents. She describes her mother as a cheerful, home-loving woman, and her father as a generous, optimistic man who has always gone out of his way to help others. She enjoys an excellent relationship with both parents and with her two brothers.

On balance, her childhood was quite happy. She knows no mental illness, alcoholism, etc., in the family.

Schooling:

always been a good student.

Kristen is currently in the second semester of her first year at Arizona State University. She has

Work History:

orthodontist.

Kristen works part-time at Starbucks. Someday she hopes to go into business or perhaps be an

Social History:

Kristen has enjoyed the companionship of a special boyfriend the past seven months.

Other Social Factors:

Kristen is an excellent swimmer and has always been on the school's swimming team.

She has never been arrested.

Health:

Kristen is in excellent health. She denies any serious accidents, illnesses or injuries.

She has never sought out nor required the services of a psychiatrist or psychotherapy.

PRESENT PROBLEM:

On July 20, 2004, Kristen and her mother had just begun snorkeling while her father and brother were some distance away scuba diving, when she was urgently told to return to the dive boat. She then heard someone yelling, "Help, there's an emergency," and after a few moments recognized her father's voice.

Back up on deck and watching her father struggling some 100 yards away, she was torn between following the crew's instructions to stay put or jumping back into the water, given that she was a strong swimmer, and thus came to his aid. She was not in fact even sure exactly who had been hurt until she saw her father being hauled back onto a second boat and learning that "there's a lot of blood. I thought it must have been a shark attack. My mom was very upset and

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fearful which got me even more upset.”

Several other passengers who had witnessed the accident told her that a propeller from that second boat had struck the dive master’s legs and her father’s arm. At the same time she was processing this terrifying information, she was wracked with seasickness as their catamaran raced back to the harbor. All the while she remembers thinking that:

“maybe my father might die. I was still not sure exactly what happened. A man told me that my dad was okay but I thought he was just saying that to keep me calm. I didn’t believe him. I felt so helpless. I’d been on the swim team and was a lifeguard. I should have gone to help him because I could have got to him fast. It was really frustrating not being allowed to help your own father. On the other hand, if it had been a shark, I didn’t want it coming after me. I just didn’t know what to do.”

On shore she and her mother met up with her brother Scott who tried to reassure them that it was “just a little cut. But I knew he was lying,” especially when she got to the hospital and found the wife of the dive master in tears, their four-month-old infant in her arms.

Psychological Effects:

Since the accident, Kristen has developed a number of fears, sometimes rising to the threshold of a panic attack. A few weeks after her father’s accident she was given an opportunity to go water skiing but found she was afraid to even get into the water. “And I get anxiety attacks whenever around engines, like motorcycles. And I’m afraid of heights now. I was never afraid of these things before. I shouldn’t be, and I’m not thinking precisely of my dad’s accident when I get these attacks but I never had anything like this until after he got hurt. My heart starts beating, I get these palpitations—just talking about it now I feel a little palpitation.” She also describes crying jags that come on for no reason, a 15 pound weight gain, and more painful menses.

There is has been a personality change. “Before the accident I was easygoing. Nothing bothered me. Now I’m much harder on people. And I used to be very trusting. I think I was naïve. I’m much less so. I know now what can happen...”

Kristen’s Observations of Effects on Father:

Kristen reports that her father was:

“always a very giving, helpful person. But now he goes overboard to prove that he can still do things. He doesn’t want to ask for help, just to show that he can still do it alone. Even when his arm was still in a cast, he insisted on helping me with things I didn’t need help with. And sometimes, in his determination, he can screw things up. And he’ll get really frustrated when he can’t make things work like he used to.”

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"I don't know what kind of gifts to give him anymore. I mean, he can't go hunting or play golf anymore..."

MENTAL STATUS EXAMINATION:	Kristen presented promptly for her appointment. All questions are comprehended and answered with apparent candor.
<u>Perception:</u>	Kristen is oriented to time, place and person and is alert to her surroundings. There are no hallucinations or illusions.
<u>Mentation:</u>	Kristen's narrative is logical and coherent. No loosening of associations, inappropriate references or delusions are present. Memory, immediate, proximate and remote is intact. There is no difficulty with arithmetical computations and she is able to derive abstract meanings from simple proverbs. She is able to recall two out of three random words given her five minutes before, and is able to spell four-letter words backwards. General fund of knowledge appears to be a bit deficient. There are no abnormal preoccupations. There are no stigmata of psychosis (functionally impaired commerce with reality) or organicity (brain damage)
<u>Affect:</u>	Kristen relates well, making good eye contact. There is no suicidal ideation, undue anxiety, hostility or depression manifest. She seems reasonably calm and contented.
<u>Behavior:</u>	Behavior is appropriate to affect and unremarkable.
PSYCHOMETRIC TESTING:	A Millon III was performed and scored by computer, providing a profile of an assertive, self-centered, energetic woman whose gregarious and friendly personality traits may conceal underlying feelings of impatience and hostility. She may be prone to temper tantrums. It is difficult for her to objectively examine any contribution she may be making to her own interpersonal difficulties. Like other members of her family, it is difficult for her to admit that she may need help from others.
PSYCHIATRIC DIAGNOSIS:	Adjustment disorder Generalized anxiety disorder with panic attacks Histrionic personality traits
FORENSIC FORMULATION:	Kristen continues to be symptomatic as a consequence of the protracted, traumatic experience

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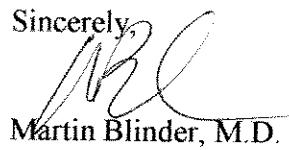
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of July 2004. That it has been more than 18 months now raises the possibility that she has made whatever recovery she will without assistance and that psychotherapy and possibly a course of psychological desensitization would be very much in order.

Thank you for the opportunity to examine the Claypool family.

Sincerely



Martin Blinder, M.D.

MB:mlc